

72  
10/18/00

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>me</i>		8/22/01
O.I.P.E. CLASSIFIER	<i>ASD</i>		8/28/00
FORMALITY REVIEW	2A	5C582	09/25/00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Date
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Original	
0	09/26/01
1	11/04/02
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Claim	Date
Final	
Original	
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52	11/04/02
53	01/05/04
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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